



Testimony of NAMI Connecticut (National Alliance on Mental Illness) and the Alliance for Children's Mental Health (ACMH)

Before the Judiciary Committee

March 25, 2019

In Support of:

HB 7389, An Act Concerning the Confidentiality in the Case of a Discretionary Transfer of a Juvenile's Case to the Regular Criminal Docket and Implementing the Recommendations of the Juvenile Justice and Policy Oversight Committee (JJPOC).

Senator Winfield, Representative Stafstrom, and members of the Judiciary Committee, thank you for the opportunity to testify before your committee. My name is Susan Kelley, and I am the Director of Advocacy and Policy for NAMI Connecticut. NAMI Connecticut is the state chapter of national NAMI, the largest grassroots mental health organization dedicated to building better lives for all those affected by mental health conditions. NAMI Connecticut provides mental health support, education, and advocacy for Connecticut children, youth, and adults impacted by mental health conditions. I also lead NAMI Connecticut's children's mental health policy program, the Alliance for Children's Mental Health (ACMH). ACMH is a collective advocacy group comprised of a broad spectrum of state stakeholders focusing on children's mental health issues, including the critical overlap of mental health with child-serving systems of education, child welfare, and juvenile justice.

I am here today testifying on behalf of NAMI Connecticut and ACMH in support of HB 7389. We support the bill as a whole but I will focus my comments on removing children under 18 from adult correctional facilities, and addressing conditions of incarceration of youth until they can be held in juvenile facilities.

Adult criminal court is not appropriate for youth under 18, the majority of whom have histories of trauma and unmet behavioral health needs. We fully support the JJPOC's recommendation that all youth be out of adult facilities by January 1, 2021. Youth need access to mental health services and youth focused interventions which adult facilities are not set up for. In addition, the use of de-facto solitary confinement for youth in adult facilities may deepen existing mental health problems of incarcerated youth, creating further barriers for youth to return to their communities and thrive.

The juvenile justice system often has been the default mental health system for youth with behavioral issues, particularly for youth of color. An estimated 70 percent of young people in juvenile detention have a diagnosable mental health condition, according to a number of national studies. Approximately 90 percent of juvenile justice-connected youth have been

exposed to trauma.¹ The experience of childhood trauma is linked to the onset of over a quarter of all adolescent psychiatric disorders; exposure to traumatic events can disrupt brain development and can have lifelong adverse effects on emotional and physical wellbeing. Id.

Children of color disproportionately enter juvenile justice with untreated mental health conditions. Access to mental health issues is therefore also a *health equity* issue. Minority children are over-represented in juvenile justice system and under-represented in the behavioral health system. National studies tell us that youth of all races and ethnicities engage in similar behaviors.² Unfortunately, behaviors that are treated as mental health problems in white children are often treated as delinquency in children of color.

Incarcerated youth under 18 should be provided with access to appropriate mental health and related services within the juvenile justice system. We need to give youth, police, families, providers, and the judicial branch the menu of options and interventions they need (backed by funding) to help youth heal from trauma, obtain treatment for mental health challenges, and become thriving adults.

Regarding youth who will remain in the adult system between now and 2021, the Department of Corrections (DOC) must take immediate steps to improve conditions of confinement of these youth. The Office of the Child Advocate released a report in January 2019 raising significant concerns about the conditions of confinement faced by youth under 18 who are incarcerated at Manson Youth (MYI). The report highlights many areas of concern including the use of chemical agents (pepper spray) on youth, the frequent use of “administrative segregation,” which leads to youth spending up to 23 and a half hours a day in their cell, lack of access to education, lack of access to mental health services, and inadequate policies and procedures to prevent self-harming and suicidal behaviors.

Based on the findings of the OCA report, we urge the DOC immediately to change its policies and practices regarding confinement of these youth, including:

- End the use of solitary confinement or whatever it is called, and limit the time that youth can be in their cell as a behavioral intervention.
- Ban the use of chemical agents as a means of restraint.
- Actively address the educational and mental health needs of youth which currently are being swept under the rug.

Thank you for your attention to my testimony. I would be happy to answer any questions you may have.

Respectfully submitted,

Susan R. Kelley, JD
Director of Advocacy and Policy

¹ *Impact Report, Advancing Trauma-Informed Systems for Children*, Sept. 2015, Child Health and Development Institute.

² Centers for Disease Control Youth Risk Behavior Surveillance. Accessed <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

NAMI Connecticut



ACMH Member Participants

Updated February 5, 2019

List of Member Participants does not indicate that persons or organizations listed join in above referenced testimony.

Connecticut Juvenile Justice Alliance (CTJJA)
CT Legal Services
CT Community Non Profit Alliance
CT Voices for Children
Center for Children's Advocacy (CCA)
Family and Children's Aid, Danbury
Dr. Irving Jennings, child psychiatrist
Clifford Beers
Family Forward Advocacy CT
African Caribbean American Parents of Children with Disabilities (AFCAMP)
Connecticut Association of Foster and Adoptive Families (CAFAF)
National Alliance on Mental Illness, Connecticut (NAMI Connecticut)
National Association of Social Workers, Connecticut
Child Guidance Center of Southern CT
The Village of Children and Families
Scarlett Lewis, Jesse Lewis Choose Love Foundation
Susan Graham, Let's Build It Leadership Development
Christine Rowan, Parent (Newtown)
Lori Clemente, Parent (Killingworth)
Grace Grinnell, Parent (Canton)
David Marcus, Parent, Innovative Advocacy Solutions LLC
Kathleen Burchard, Parent, Grandparent, participant of CFAC
Katherine Downing-Ahmed, Parent, participant of CFAC
Connecticut Association of School Based Health Centers
Yale School of Public Health
Child Health and Development Institute (CHDI)
Child First
Office of the Child Advocate
Stamford Youth Services Bureau
Dr. Frank Fortunati, Yale
Early Childhood Alliance
Empowering Children and Families
Kids in Crisis
Academy of Child and Adolescent Psychiatry
CT Council of Child and Adolescent Psychiatry
Dr. Barbara Edelstein, retired
Aimee Cohen, Parent
Ellen Bronko, Parent
Elisabeth Stenger, LCSW